(d) The total number of cases on record as on March 1987 in the Union Territory of Delhi is 9936.

(e) The following steps are being taken to eradicate leprosy in the country:—

(i) Early detection and regular treatment of cases.

(ii) Multi drug treatment (combination of drugs) to the patients in place of administration of single drug-Dapsone in a phased manner.

(iii) Education of patients, their families and communities on the disease and its curability.

(iv) Rehabilitation of cured patients with a view to make them economically self reliant and socially acceptable.

Community Orientation of Medical Education

978. SHRI S. S. AHLUWALIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what specific changes have been made by the Medical Council of India in its regulations on undergraduate medical education to secure community orientation of medical education;

(b) to what extent it has been successful to attract doctors to serve the health needs of our rural population; and

(c) what incentives are provided to the scarce category doctors to enable them to serve in India, ungrudgingly?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) A statement is attached as at Statement I. (*See* below).

(b) The qualified medical graduates are being posted to primary health centres to serve the health needs of the rural population. So far as information is available, only about 12% of the posts in primary health centres are vacant as on 31st March, 1988.

(c) A statement is attached as at Statement—II.

Statement-I

The specific changes made by the Medical Council of India in its regulations on Undergraduate Medical Education to secure community orientation of medical education

The Medical Council of India in its Recommendations on Graduate Medical Education has given importance to the community aspect of health care and rural health care services. The following are some of the special features wherein specific recommendations have been made in this direction:

(1) A judicious balance between the preventive, promotive, curative and rehabilitative aspects of medical education and practical training should be maintained so as to produce a well balanced all round graduates.

(2) The basic concept of community medicine are introduced in the very first phase of training, namely pre-clinical period which includes 15 field visits.

(3) The administrative control of primary health centres should be with the medical colleges to achieve the ultimate aim of covering the entire district by the medical colleges.

(4) The students should be posted in small batches for residential posting of one month at selected approved primary health centres/rural training centres during the second clinical year.

(5) They should be inducted into national health programmes during these postings.

(6) Teachers from the entire faculty of medical colleges should be given adequate orientation and then posted in turn to rural centres for the training of graduates in community health.

(7) During the community posting, the students should participate in the promotive, preventive and curative activities of health centre so as to get an insight into the socio-economic, cultural and psychological factors influencing the pattern of health and disease in the community as a whole.

(8) During the compulsory rotating internship period of one year, the students are posted in community health work for a minimum period of six months.

Statement-II

Incentives provided to doctors to enable them to serve in India

The following steps have been taken to discourage the migration of medical manpower including those belonging to scarce categories to foreign countries:

(i) Restrictions have been placed on medical graduates going abroad for higher education and training where such training facilities exist in the country. Doctors belonging to scarce categories are not sponsored for employment abroad.

(ii) Advance increments are granted to specially qualified candidates on the recommendations of the State and Union Public Service Commission.

(iii) Improvement in the service conditions of doctors particularly those serving in rural areas are being brought about by the State Governments/Union Territory Governments. The Eighth Finance Commission has recommended additional funds to the State Governments for providing the following attractive incentives to doctors working at Primary Health Centres:

(a) rural allowance at Rs. 250/- per mensem.

(b) house rent allowance at Rs. 150/- p.m. in case Government accommodation is not available.

(c) grant of Rs. 10,000/- for purchase of equipment at Primary Health Centre for effective functioning of the medical officer and to give him professional satisfaction.

(d) funds to be provided to State Governments for construction of residential accommodation for doctors working in Primary Health Centres.

(iv) The Scientists Pool Scheme operated by CSIR provides temporary placement to highly qualified Indian Scientific and Technical Personnel including medical doctors returning from foreign countries generally for two to three years.

(A) A scheme for supernumorary research cadre has been introduced by the Indian Council of Medical Research under which Scientists of outstanding merit, both medical and non-medical working in countries outside India or in India and engaged in research in the field of Bio-medicine, whose work is adjusted to be of outstanding quality, can be offered temporary placement under the Council to enable them to return to India and to pursue research in their own speciality till such time as they are able to secure a regular position either in any of the institutes of the Council or elsewhere.

(vi) The nationalised banks also offer loans to enable the doctors to establish clinics/nursing homes in rural areas and semi-urban areas.

Closure of level crossing ML19 of Mulund Railway Station

979. SHRI SUBRAMANIAN SWAMY: Will the Minister of RAILWAYS be pleased to state:

(a) whether Government are aware of the great inconvenience caused to public due to the closure of level crossing ML 19 at the South end of Mulund Railway Station;

(b) whether it is a fact that there is great demand to open this level crossing; and

(c) if so, what action is being taken in this regard?

THE MINISTER OF STATE OF THE MINISTRY OF RAILWAYS (SHRI MADHAVRAO SCINDIA): (a) No, Sir.

(b) No, Sir.

(c) Does not arise, as a road-over-bridge and a foot-over-bridge were constructed in lieu of the closed level crossing.